

## Application Data Sheet

### Application Information

Application number:

Filing Date:

Application Type: Regular

Subject Matter: Utility

Suggested Classification:

Suggested Group Art Unit:

CD-ROM or CD-R: None

Number of CD Disks:

Number of copies of CDs:

Sequence Submission?

Computer Readable Form (CRF)?

Number of Copies of CRF:

Title: CELLULAR PROBES

Attorney Docket Number: UPNA-0083

Request for Early Publication: No

Request for Non-Publication: No

Suggested Drawing Figure: n/a

Total Drawing Sheets: 10

Small Entity?: Yes

Latin name:

Variety denomination name:

Petition included?: No

Petition Type:

Licensed US Govt. Agency:

Contract or Grant Numbers:

Secrecy Order in Parent Appl.?: No

## Applicant Information

<b>Applicant Authority Type:</b>	Inventor
<b>Primary Citizenship Country:</b>	United States of America
<b>Status:</b>	Full Capacity
<b>Given Name:</b>	David
<b>Middle Name:</b>	
<b>Family Name:</b>	Luzzi
<b>Name Suffix:</b>	
<b>City of Residence:</b>	Wallingford
<b>State or Province of Residence:</b>	Pennsylvania
<b>Country of Residence:</b>	United States of America
<b>Street of mailing address:</b>	394 Turner Road
<b>City of mailing address:</b>	Wallingford
<b>State or Province of mailing address:</b>	Pennsylvania
<b>Country of mailing address:</b>	United States of America
<b>Postal or Zip Code of mailing address:</b>	19086

## Correspondence Information

<b>Correspondence Customer No.:</b>	23377
<b>Name:</b>	
<b>Street of Mailing Address:</b>	
<b>City of Mailing Address:</b>	
<b>State or Province of Mailing Address:</b>	
<b>Country of Mailing Address:</b>	
<b>Postal or Zip Code of Mailing Address:</b>	
<b>Phone number:</b>	
<b>Fax number:</b>	

## Representative Information

<b>Representative Customer No.:</b>	23377
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## Domestic Priority Information

<b>Application:</b>	<b>Continuity Type:</b>	<b>Parent Application:</b>	<b>Parent Filing Date:</b>
This is	An application claiming the benefit under 35 USC 119(e)	60/528,949	December 11, 2003

## Foreign Priority Information

<b>Country:</b>	<b>Application No.:</b>	<b>Filing Date:</b>	<b>Priority Claimed:</b>
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## Assignee Information

<b>Assignee name:</b>	The Trustees of the University of Pennsylvania
<b>Street of mailing address:</b>	3160 Chestnut Street, Suite 200
<b>City of mailing address:</b>	Philadelphia
<b>State or Province of mailing address:</b>	Pennsylvania
<b>Country of mailing address:</b>	United States of America
<b>Postal or Zip Code of mailing address:</b>	19104